

MAY 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

State File No. _____

Registrar's No. **3152**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Frank K. Greiner** **656**

8. (b) If veteran, name war **N11** 3. (c) Social Security No. **N11**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Josephine Greiner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **3/31/62**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **0** **13** hr. min.

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Greiner**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Spitzeder**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Bergmann**
(b) Address **1814a So. Broadway**

17. (a) **Burial** (b) Date thereof **April 8, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S.S. Peter & Paul**

18. (a) Signature of funeral director **J. Mayhew**

(b) Address **1926 Allen, Ave.**

19. (a) **APP - 5 1940** (b) **J. Braddock**
(If received by telegraph) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **1814a So. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **57** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4**, day **12**, year **1940** hour **11** minute **40** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Primary Occlusion
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(M. D. or other) _____

23. Signature **W. J. Mayhew** (M. D. or other) **5**
Address **1926 Allen, Ave.** Date signed **4.5.40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Benny C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.